

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

US

VS. Padilla-Galvez

FOR

FILED

AT

March 20, 2008

MAR 20 2008

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Misael Padilla-Galvez

MAGISTRATE JUDGE ARLANDER KEYS
UNITED STATES DISTRICT COURTCHARGE/OFFENSE (describe if applicable & check box) Felony Misdemeanor

1 Defendant - Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

08-cr-235

Court of Appeals

08 cr 205

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self Employed			
	Name and address of employer: _____			
ASSETS	IF YES, how much do you earn per month? \$ 1200-1500 IF NO, give month and year of last employment How much did you earn per month? \$ _____			
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
OTHER INCOME	IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____			
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PROP- ERTY	RECEIVED	SOURCES		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____			
CASH	Have you any cash on hand or money in savings or checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ 600			
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
OBLIGATIONS & DEBTS	VALUE	DESCRIPTION		
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____			
DEPENDENTS	List persons you actually support and your relationship to them			
	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents 7		
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: Rent Utilities Groceries	Creditors	Total Debt()	Monthly Payt.
			\$ 750	\$ 750
			\$ 400	\$ 400
			\$ 200	\$ 200
			\$ 0	\$ 0

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 3/20/08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Misael Padilla